

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/heart-matters/expanding-the-role-of-cardiac-nurses-in-patient-education-on-type-2-diabetes-cvd-risk/12488/>

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Expanding the Role of Cardiac Nurses in Patient Education on Type 2 Diabetes & CVD Risk

Announcer Introduction

Welcome to Heart Matters on ReachMD. On this episode, sponsored by Novo Nordisk, we're joined by Ms. Patricia M. Davidson, who's the former Dean and Adjunct Professor at Johns Hopkins Medicine. She's also a registered nurse and has clinical, teaching, and practice expertise in cardiovascular science. Ms. Davidson is here to tell us about the cardiac nurse's role in educating patients with type 2 diabetes about their cardiovascular risk. Let's hear from her now.

Ms. Davidson:

So, it's really important to remember that the risk factors for cardiovascular disease and Type 2 diabetes are very similar. Physical inactivity, unhealthy diet, being overweight are just some of the factors. And so, cardiac nurses are well adept at working with patients and their families to address these critical factors. It's also important to remember that many of our patients with heart disease will have Type 2 diabetes and making sure that we have effective strategies to address this problem is really critical, improving their outcomes not just for their cardiovascular disease, but for the diabetes as well.

So, what is really exciting with innovations in pharmacological treatments. We have some excellent drugs that can help manage Type 2 diabetes. But these medications have to be applied in concert with behavioral change strategies, or we often call these nonpharmacological techniques, such as improving physical activity, working to achieve a healthy weight, managing psychological risk factors, and also working together to make sure we achieve goals and targets around weight, hemoglobin A1c, and other biochemical markers. So, nurses have both pharmacological and nonpharmacological tools, but what I've found in my clinical practice is it's very important to talk to patients about what are some of their fears, what are some of their frustrations, and how we can work together to develop a treatment plan that is going to lead to them living a healthier and more productive life.

So, I think nurses are in an excellent position—all nurses, but particularly cardiac nurses—to work in therapeutic relationships with patients and their families. Nurses are the most trusted profession in society, and so we need to leverage that trust, to work with individuals so that they feel comfortable in telling us their fears and their frustrations, and work with them to develop effective and efficient behavior change strategies, and often this means taking small, incremental steps. We can't think that we're going to change ten or twenty or thirty years of an unhealthy lifestyle into an ideal body weight, and ideal HbA1c overnight. So, we need to work with patients to be able to achieve these important goals and targets. So, I think leveraging the therapeutic trust of nurses with their patients, and also, I think it's really important that we work together in teams, with physicians and other allied health professionals, to make sure that we're achieving optimal outcomes for patients and their families.

Announcer Close

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